

Contracting Process Moves Forward for New VA Outpatient Clinics in Lufkin and Galveston

HOUSTON – Plans for new VA outpatient clinics in the cities of Lufkin and Galveston are moving forward. Officials at the Michael E. DeBakey VA Medical Center (MEDVAMC) today received approval to begin the contracting process for a new leased building for the Lufkin VA Outpatient Clinic. Bid solicitation for construction will begin in the near future, with the goal of moving the current clinic into a new building in 2006.

In addition, the MEDVAMC contracting officials are currently evaluating proposals from several health care organizations to provide primary care services for veterans in the Galveston area. The goal is to award the contract as quickly as possible and open a new VA outpatient clinic in the Galveston area later this year.

In May 2004, the Secretary of Veterans Affairs Anthony J. Principi announced the details of a comprehensive plan to modernize the VA health care system. The plan includes new hospitals in Orlando and Las Vegas, 156 new community clinics, four new spinal cord injury centers, and expanded mental health outpatient services.

In the Houston area, the plan includes new outpatient clinics in the vicinities of Galveston, Conroe, Tomball, Katy, Richmond, and Lake Jackson. These clinics are expected to provide primary care, laboratory, radiology, and mental health services. In addition, the current Lufkin VA Outpatient Clinic would be relocated to a larger facility in Lufkin using a lease arrangement.

"This plan will greatly expand the VA's capacity for outpatient care in Southeast Texas and bring medical care closer to where our veterans live," said Edgar L. Tucker, director, MEDVAMC.

In fiscal year 2003, the MEDVAMC served 103,025 enrolled veterans. There were 557,360 outpatient visits at the Houston facility, 49,389 outpatient visits at the Beaumont Outpatient Clinic, and 44,454 outpatient visits at the Lufkin Outpatient Clinic. ♦

Heart disease is the leading cause of death for all Americans aged 35 and older . . .

Houston VA Opens State-of-the Art Cardiac Intervention Laboratory

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) recently opened a new state-of-the-art cardiac intervention laboratory in response to the growing number of veterans needing specialized cardiac care.

Heart disease is one of the nation's largest health problems and the leading cause of death for all Americans aged 35 and older. According to the 2000 Census, the median age of all veterans living in the United States was 43.5. Over 30 percent of the nearly 105,000 patients treated at MEDVAMC have coronary artery disease, 10 percent have clinically significant peripheral arterial disease, and 11 percent have heart failure.

The MEDVAMC uses an interdisciplinary approach to provide veterans with education, prevention, diagnosis, treatment, and rehabilitation for heart disease. Cardiac procedures performed in the Cardiac Intervention Lab balance, extend, or replace therapies that previously relied on major surgery.

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Dieter Lubbe, M.D., assistant director of the MEDVAMC Cardiac Catheterization Laboratory, performs an angioplasty procedure in the new laboratory that incorporates a technologically advanced x-ray system for capturing and viewing detailed images of a patient's coronary structure. This equipment speeds diagnoses, reduces radiation dose, and provides faster imaging times.

Michael E. DeBakey VA Medical Center is only the second VA medical center in the nation to achieve this recognition . . .

Houston VA Awarded Magnet Nursing Status

HOUSTON - On August 16, 2004, the American Nurses Credentialing Center (ANCC), the nation's leading nursing credentialing organization, awarded its Magnet Recognition for Excellence in Nursing Services to the Michael E. DeBakey VA Medical Center (MEDVAMC). The MEDVAMC is only the second VA medical center in the nation to achieve this recognition, and joins fellow Texas Medical Center facilities with Magnet status, The Methodist Hospital, St. Luke's Episcopal Hospital, Texas Children's Hospital, and The University of Texas M.D. Anderson Cancer Center.

"I am elated by the news that the Michael E. DeBakey VA Medical Center has achieved Magnet status," said MEDVAMC Chief Nurse Executive/Clinical Practice Office Director Deloris W. Leftridge, R.N., M.S.N., C.N.A.A.-B.C. "This recognition speaks volumes about the outstanding people and

programs we have, and the high quality of care we provide to veterans in Southeast Texas." Anticipating the official phone call from ANCC headquarters in Washington, D. C. announcing the Magnet designation, Leftridge arranged for the call to be broadcast in the facility's auditorium so all MEDVAMC nursing staff could hear the results and share the recognition.

Magnet is the highest honor a health care organization can receive for nursing services. ANCC has conferred this national designation on some of the country's most prestigious institutions, including the Mayo Clinic in Minnesota and Cedars-Sinai Medical Center in Los Angeles. The Magnet program was developed to recognize health care organizations that provide the best in quality patient care and uphold excellence in professional nursing practice.

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Special Note:
POW/MIA Day Ceremony
Tuesday, September 14, 2004
10 a.m., MEDVAMC Gym
Call (713) 794-7349 or
turn to page 8 of this
newspaper for details.

Trying to Get a Hold of Your Doctor? Use These Telephone Tips to Get the Timely and Accurate Response You Want!

HOUSTON - Communicating with your health care provider using the telephone can be difficult and, sometimes, frustrating. But the telephone is an essential tool and the following tips might help you get the timely, accurate, and professional response you need and deserve.

While the process of handling clinic telephone calls at the Michael E. DeBakey VA Medical Center (MEDVAMC) and the Outpatient Clinics in Beaumont and Lufkin varies somewhat, the basics are still the same.

The most important thing you can do is leave a message when you call. Remember, your health care provider is usually not in his or her office; he or she is in an exam room seeing scheduled patients. Health care providers check phone messages whenever they are between patients.

When leaving a message, include your name, the last four digits of your social security number, the number where you can be reached, and a very brief description of the problem or

issue for which you are calling. Make your message as clear and to the point as possible.

If your nurse or provider instructed you to call, please clearly say that in your message. If you are sick and think you need an appointment, briefly describe your symptoms. If you are having problems with your medications or other health care problems, say which medications or conditions are involved.

In emergency situations, dial 911 or go to the nearest emergency room. If your question cannot wait for a return call from your health care provider, this may be an indication you need to seek immediate medical treatment.

To protect your privacy and comply with recent changes in government privacy regulations, VA personnel cannot talk to your family members without your written consent. If you want family members to have access to your medical information, make sure you have an up-to-date Release of Information request in your records.

Most questions about medications,



Telephone calls to the Lufkin Outpatient Clinic are handled by a clerk dedicated to answering calls from veterans. Many times, the clerk can answer your question or solve your problem immediately. However, if your question requires a doctor's or nurse's expertise, the clerk will make sure that person gets your message. Health care providers check phone messages whenever they are between patients. Above, Barbara J. Baker R.N., B.S.N. (left), Sharon Byley, R.N., B.S.N., and Mary Amerson (seated), members of the LOPC Telephone Triage Program, confer to answer a question from a veteran on the telephone.

such as prescription refills, should be directed to the VA Pharmacy. If pharmacy personnel find they cannot help you, they will redirect your call. Refills are always sent by mail except for items requiring constant refrigeration. To avoid the risk of running out of medicine, always be sure to order your refills at least two weeks before you need them.

The MEDVAMC Pharmacy's Automated Telephone Prescription Refill System is available seven days a week, 24 hours a day. The telephone

number is (713) 794-7648 or toll-free 1 (800) 454-1062. You will need a touch-tone phone, your social security number, and your prescription number. Your prescription number is located on the top left corner of your prescription container.

The telephone can be an easy way to contact your MEDVAMC health care provider, so use these tips to get a timely, accurate, and professional medical response to your questions. ♦ Barbara J. Baker, RN, BSN and Sharon Byley, RN, BSN

A Word from the Director . . .

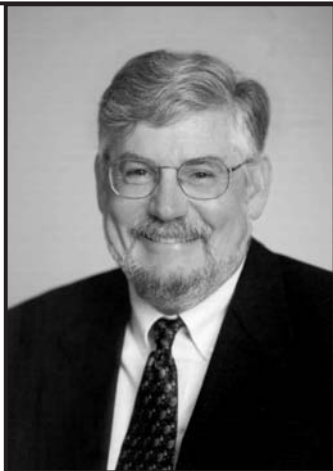
MEDVAMC Better Prepared for Next Crisis

HOUSTON - As we observe the 3rd Anniversary of September 11th, we solemnly recall the tragedy of that day and the loss of so many innocent Americans.

September 11th significantly changed how the Michael E. DeBakey VA Medical Center (MEDVAMC) prepares for disasters and the type of emergency situations we plan for.

In the last three years, the MEDVAMC has made numerous important and essential revisions to our security measures; many are not visible and most will not be described in any detail for obvious reasons. But, our facility is certainly better protected than it has ever been. Security and safety experts, internal and external to the VA, have reviewed these measures and continue to provide guidance.

In addition, the MEDVAMC's ability to respond to disasters and emergencies has been extensively improved through the formation, equipping, and training of several special response teams. These teams have participated in several crisis exercises with local and federal agencies, and made further enhancements to their readiness based on those tests.



Edgar L. Tucker, Medical Center Director

To ensure information flows quickly and effectively, we have considerably strengthened our bonds, our lines of communication, and our partnerships with local and federal agencies and law enforcement. This past year, we participated with many other security agencies, including the FBI and the Houston Police Department, in preparations for the Super Bowl and the Major League Baseball All-Star Game.

No one knows what the future holds. But whether it is the next tropical storm or flu outbreak, the MEDVAMC will continue to develop our readiness so that we can better protect our veterans, our volunteers, and our staff. ♦

Over 30% of the nearly 105,000 patients treated at MEDVAMC have coronary artery disease, 10% have clinically significant peripheral arterial disease, and 11% have heart failure . . .

New Cath Lab Opens

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Many patients, who might not have been suitable for surgery, can now be treated using new techniques.

"These minimally invasive approaches on blood vessels in the heart and other major arteries lower the risks and shortens recovery time compared with traditional surgical approaches. Other benefits include shorter hospital stays, patients can return earlier to work, experience less pain and infection, and there is no surgical scarring," said Alvin Blaustein, M.D., chief of the MEDVAMC Cardiology Section.

These procedures are typically performed using a catheter, a small-diameter tube, threaded inside the blood vessels to reach the affected area. The tools needed to visualize or repair the vessel can be passed through this tube directly to the diseased areas.

The new MEDVAMC cardiac intervention laboratory incorporates a technologically advanced x-ray system for capturing and viewing detailed images of a patient's coronary structure.

MEDVAMC physicians are now able to use this equipment to see and work inside and near the heart and in other major arteries, making diagnoses, opening blocked vessels, and dissolving or fragmenting blood clots.

"A key component of the new lab is flat detector technology, offering

sharper, more detailed x-ray images. This equipment speeds diagnoses, reduces radiation dose, and provides faster imaging times. It is fully digital and plays an important role in offering heart patients a safe and effective alternative to surgery," said Glenn N. Levin, M.D., director of the MEDVAMC Cardiac Catheterization Laboratory and chief of the MEDVAMC Cardiac Critical Care Unit.

The new x-ray system works along side an innovative image storage system, which allows for rapid retrieval and viewing of previous cardiac catheterization results from key areas in the hospital such as the Cardiac Care Unit and the Surgical Intensive Care Unit. These images can also be exchanged via special Intranet connections with other VA medical facilities providing opportunities for consultation at a distance.

Installation of the new laboratory is part of a continuing upgrade of MEDVAMC cardiac facilities. High-tech vascular imaging system and hemodynamic monitoring equipment were installed last year, a new hospital-wide telemetry system is nearly complete, and renovations of the electrophysiology laboratory will begin in the next few months. ♦ Fran Burke, Public Affairs Specialist

VA Researchers Work to Educate Veterans and Doctors about Medication Alternatives and Choices for High Blood Pressure

HOUSTON – The General Medicine Section of the Michael E. DeBakey VA Medical Center (MEDVAMC) recently embarked on a major health care initiative directed at veterans with high blood pressure. This undertaking, called the *ALLHAT Implementation Project*, is aimed at improving veterans' health outcomes and reducing drug costs for patients and the MEDVAMC.

Forty-five percent of veterans treated at the MEDVAMC have high blood pressure, also known as hypertension. High blood pressure puts people at risk for stroke, heart attack, kidney failure, and blindness. Medications can control blood pressure and lessen the risk of these serious conditions; however, many people, even with medications, fail to achieve their "goal blood pressure." Blood pressure is considered at goal if it is less than 140/90 or less than 130/80 for people with diabetes.

"Another dilemma patients face when keeping their blood pressure under control is the high cost of medications. Our research found many people with high blood pressure are prescribed expensive medications, even though inexpensive drugs may work just as well. The goal of the ALLHAT Implementation Project is to educate both patients and health care providers about the use of an inexpensive medication for hypertension, thiazide diuretics," said Carol Ashton, M.D., M.P.H., director of the Houston Center for Quality of Care and Utilization Studies.

ALLHAT stands for "Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial" and is a research study conducted by the National Institutes of Health. In 2002, this research study found that thiazide diuretics, the least expensive and safest of all antihypertensive medications, were just as, or even more,



With the ALLHAT Implementation Project, MEDVAMC researchers have developed medication guidelines and education materials, put together a patient liaison team, and assembled patient focus groups. Above from left, Lee Lu, M.D., Anna Kolpakchi, M.D., and Althea Philips Edwards, R.N. meet with veteran Leo Mims, Sr.

effective in improving health outcomes than other drugs.

With the ALLHAT Implementation Project, MEDVAMC researchers have developed medication guidelines and education materials, put together a patient liaison team, and assembled patient focus groups.

In order for MEDVAMC health care providers to make the most appropriate decisions when prescribing antihypertensive medications, computerized medication guidelines now outline appropriate options. In addition, education materials are available in the

General Medicine Clinics to inform both patients and clinicians about the most effective treatments for hypertension. Materials for patients include brochures about the ALLHAT study and information on how to better manage their hypertension. Posters were also created for clinicians to remind them of the importance of prescribing thiazide diuretics.

The newly formed ALLHAT Patient Liaison Team is conducting focus group meetings with patients to better understand the issues in taking antihypertensive medications. By understanding patients' perspectives, the MEDVAMC can work to provide better patient care.

Finally, the data gathered will help clinicians understand the current prescribing practices, make advances in clinical care, improve the outcomes for MEDVAMC patients with hypertension, and eventually save money for both the patients and the MEDVAMC.

"If we could only do one thing for our patients, the best choice would be to work with them to get their high blood pressure under control. ALLHAT has shown that inexpensive drugs work just as well as expensive ones in most people. Saving money makes it possible for more veterans to obtain care from our VA health system. I hope that we - VA doctors, nurses, and patients - can work together to achieve the best possible care for veterans with high blood pressure," said Ashton.

If you have questions about the use of thiazide diuretics for the treatment of your hypertension, talk with your MEDVAMC primary health care provider. ♦ Vanessa Brown, B.A., Research Coordinator, HCQCUS and Matt D. Price, M.S., Chief Communications and Public Relations Officer, HCQCUS

New Health Education Program for Inpatient Veterans

HOUSTON - A new health education seminar series for veteran inpatients, called "The Brown Bag Education Program" was launched on July 15, 2004 at the Michael E. DeBakey VA Medical Center (MEDVAMC).

At the first session with 18 veterans, Marie K. Lee, a MEDVAMC behavioral therapist and psychology intern discussed stress, stress relief, and a wide variety of relaxation techniques. Feedback was very positive with several veterans remarking they thought what they learned would be useful in reducing their stress levels.

The Brown Bag Program is designed to provide health care information on such topics as pharmacy benefits, drug interactions, health risk factors, and healthy living to veterans hospitalized at the MEDVAMC.

The education series, introduced by Yvonne Akinola, R.N., M.S., patient educator of the Clinical Practice Office, will be offered quarterly.

For more information about upcoming classes, please call (713) 791-1414, ext. 4082. ♦

Book and Magazine Donations Welcomed

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) receives many donations from community members throughout the year for our inpatient and outpatient veterans, and the facility.

Popular donated items include books and magazines. Paperback westerns are always in high demand by veterans and these donations are especially appreciated.

Reading materials are accepted through MEDVAMC Voluntary Service located in Room 2A-104 on the 2nd Floor, and then forwarded to the MEDVAMC Library. The Library welcomes donations of hardbacks and paperbacks with the understanding the publications may be added to the facility collection or distributed throughout the medical center. Any item with mold or mildew, wet pages, insect markings or droppings, large areas of pages previously wet but now dry, spider webs, or excessive dust will not be accepted.

Please call the Voluntary Service Office at (713) 794-7135 to arrange a donation. ♦

COPD/Emphysema . . .

If you are one of the millions of people for whom every breath is a struggle, here is important news.

Medical researchers at the Michael E. DeBakey VA Medical Center are enrolling patients in a clinical research study evaluating a medical technology for persons with emphysema.

Participation will include supervised medical care by health care professionals who will monitor your health as it relates to the clinical study.

If you can answer YES to each of the following questions, call (713) 794-7709.

Are you:

- ✓ Age 40 to 75 years?
- ✓ Diagnosed with emphysema or COPD by a health care provider?
- ✓ A smoker or former smoker who has stopped smoking for at least 4 months?
- ✓ Willing to participate in a clinic research study and want to learn more?

The presentation recognized the 350,000 veterans who were an intricate part of "Cold War" nuclear testing and development and MEDVAMC's efforts to provide quality health care to them . . .

National Association of Atomic Veterans Recognizes VA Efforts

HOUSTON - On July 14, 2004, the National Association of Atomic Veterans (NAAV) presented a plaque (now located on the 1st Floor near the Admissions Office) to the Michael E. DeBakey VA Medical Center (MEDVAMC) in honor of National Atomic Veterans' Day of Remembrance. The presentation recognized the 350,000 veterans who were an intricate part of "Cold War" nuclear testing and development and the MEDVAMC's efforts to provide quality health care to them.

Following are the remarks made by NAAV National Director/Treasurer R. J. Ritter at the presentation: "On July 16, 2004, 59 years ago, the Manhattan Project gave birth to the world's first atomic bomb, a 21-kiloton plutonium core device, detonated in the early morning hours in the desert of Alamogordo, New Mexico.

From 1945 to 1962, all nuclear weapon testing was either above ground or under water and in all cases, resulted in the atmospheric dispersion of ionized radiation particles.

During the 17 years of the United States' atmospheric nuclear testing activities, about 500,000 military personnel and civilian technicians were

first-hand participants in these tests as observers and as nuclear test subjects at sites in the Pacific and Atlantic oceans. All of these participants are now referred to as "Atomic Veterans," and all share the same legacy.

All have been exposed to some degree to atmospheric-borne ionizing radiation particles. Upon discharge from their respective military branches, there was no mention of any nuclear test participation on their DD-214 discharge documents.

The majority of these veterans were forced to either take an oath of secrecy or were instructed by superiors to say nothing of their nuclear test experiences under threat of severe penalties. To this day, many Atomic Veterans are still not willing to discuss their military activities.

With these circumstances, Veterans Affairs medical facilities had no way to verify an Atomic Veteran's claim of participating in activities that would adversely affect his or her health 25 to 50 years after the fact; and Atomic Veterans could not prove their health problems were service connected.

Early on, the Department of Defense and the scientific community did not have a historical medical baseline



R.J. Ritter, (above right), director of the National Association of Atomic Veterans, presented a plaque to the MEDVAMC in honor of National Atomic Veterans' Day of Remembrance. Accepting the plaque were, (from left), Mary L. Huff, Extended Care Line executive; Deloris W. Leftridge, R.N., chief nurse executive; and Thomas B. Horvath, M.D., chief of staff.

of the long-term effects of atomic radiation exposure on the human mechanism.

Additionally, the rad badges worn by all participants during those testing years were not fully reliable and were not capable of monitoring the degree or level of inhaled or ingested ionizing radiation particles hours or days after an event. Inhaled or ingested ionizing radiation particles are now recognized as the root cause of long-term radiation exposure health problems. Under the circumstances, it was impossible for Atomic Veterans to gain government-sponsored medical assistance for radiation-induced illnesses.

In response to these growing problems, NAAV was founded in 1979

for the express purposes of providing a collective voice for all of America's Atomic Veterans, gathering credible evidence of their participation in U.S. sponsored nuclear weapons testing programs, and gaining access to VA medical facilities, and filing valid claims for service connected illnesses and disabilities resulting from these activities.

In the last several years, the U.S. Congress has recognized the needs of military participants in America's nuclear weapons development programs and has paid survivor's benefits to spouses of deceased Atomic Veterans.

With guidance and direction from VA Secretary Anthony Principi, all VA medical facilities now have a clear set of established guidelines for the purposes of recognizing and addressing the needs of America's Atomic Veterans.

For instance, if a veteran is diagnosed with one of more than 20 types of cancers or radiation-induced health anomalies, it is now "presumed" these health problems are the direct result of his or her presence at a nuclear test event where ionizing radiation particles were dispersed into the atmosphere.

It is the collective opinion of the NAAV and the Disabled American Veterans that ionizing radiation exposure does more long-term harm to the human body than wounds from bullets or shrapnel.

Ionizing radiation exposure slowly degenerates and destroys certain functions of the human mechanism, and in many cases, by genetic mutation of the reproductive processes also affects the health of a large percentage of children born to Atomic Veterans.

In his message recognizing July 16 as "National Atomic Veteran Day of Remembrance," President George W. Bush said "those military personnel who stood in the face of atomic radiation while serving their country were just as wounded as those veterans who were wounded by the enemy while defending our country on the field of battle."

Working closely with the VA, given Secretary Principi's continuing interest in assisting all Atomic Veterans, the NAAV is showing our appreciation to the Michael E. DeBakey VA Medical Center by presenting the "Atomic Veteran" plaque and color photos of two significant atmospheric atomic test events to remind all who view of the awesome power of nuclear weapons of war." ♦

Support Group Information at the Michael E. DeBakey VA Medical Center

We are Here to Help . . .

MS Self-Help Group

The group meets the second Wednesday of every month, 2 - 3:30 p.m. in Nursing Unit (NU) 2A Dining Room. Group facilitators: Lisa Whipple, LCSW and Fe Runtanilla, RN, (713) 794-7951

Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in Nursing Unit (NU) 4D Dayroom. Group facilitators: Maria Lozano-Vasquez, MSW, (713) 791-1414, ext. 5273 and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

Alcoholics Anonymous (AA)

This group meets every Wednesday, 7 p.m., Room 6C-110. Group facilitator: Billy M. (Bo) Cook, (713) 791-1414, ext. 6987

Pain Support Group

The group meets every Wednesday, 2 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Management for Women

This group meets every Thursday, 2 p.m. in Room 5B-224. Group facilitator: Gabriel Tan, PhD., (713) 794-8794

Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your primary care provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

Better Breather's Club

The group meets the last Wednesday of every month, 1:30 p.m. in Room 3C-371, Home Oxygen Clinic. Group facilitator: Paula Denman, (713) 794-8979

Amputee Support Group

The group meets the first and third Thursday of every month, 3 p.m. in the NU 2A Dining Room. Group facilitators: Betty Baer and Roger McDonald, (713) 791-1414, ext. 4193

Prostate Cancer Support Group

The group meets the third Thursday of every month, 2 p.m. in Room 4C-122. Group facilitators: Lillie Sonnier, (713) 794-7111 and Linda Avery, (713) 791-1414, ext. 6183

Stroke Support Group

The group meets the second and fourth Thursday of every month, 3 p.m. in the NU 2A Dining Room. Group facilitators: Laura Lawhon and Tommie Gonzalez, (713) 791-1414, ext. 4241/5254

Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitators: Collene Gasca and Delores Vanterpool, (713) 791-1414, ext. 3656

HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

Renal Support Group

This group meets the first Tuesday of every month, 9 a.m. in Room 2A-312. Group facilitator: Amber Lowe, (713) 791-1414, ext. 4834

Great tips on how to eat a quick meal, but still healthy and low in fat and cholesterol . . .

Healthy Nutrition on the Run

HOUSTON - Fast food is often the next stop when we are on the road or when we are too busy to eat. Those drive-thrus are on every other block and at every highway exit. We are reminded of their speedy service constantly on television, radio, and even on the billboards counting down the miles. How, then, do we eat a quick meal, but still healthy and low in fat and cholesterol?

Fast food used to mean deep fried this and double-patty that, but today, fast food chains such as Wendy's and McDonald's are catering to customers watching their weight and offering more low-fat choices than ever before. Some great examples include grilled chicken sandwiches, chef salads, and frozen yogurt. A baked potato can be a healthy choice when eaten plain or with vegetable toppings instead of smothering with butter, sour cream, cheese, and bacon.

If you do have that hamburger craving, watch out for those burger toppings - mayonnaise-based special sauce, cheese, and bacon. They add extra calories and fat. Lettuce, tomatoes, pickles, onions, mustard and ketchup add flavor without the fat. Fried fish sandwiches, fried chicken, and French fries are also high in fat and calories.

Here are some tips for making healthy choices at a fast food restaurant. Instead of a jumbo cheeseburger, try grilled chicken, sliced meats, or even a regular 2 oz. hamburger on a bun with lettuce, tomato and onion. Instead of fried chicken or taco, try grilled chicken or salad bar (watch out for high-fat dressings and ingredients such as croutons, cheese, and bacon). Instead of fried chicken pieces, try grilled chicken. Cancel the French fries and order a baked potato with vegetable or yogurt



MEDVAMC Dietetic Intern Lydia Yang discusses healthy fast food options with veteran Anthony Malfitano. Most fast food chains are starting to cater to customers watching their weight and offering more low-fat choices than ever before. Some great examples include grilled chicken sandwiches, chef salads, and frozen yogurt.

topping. Substitute pretzels for potato chips. Try water, small juice, 1% fat or fat-free milk, or a diet soft drink instead of a milkshake.

Skipping meals becomes a bad habit when your job requires you to spend most of your day on the road, meet deadlines, or wait for appointments. However, it is important to eat at least three meals a day to prevent overeating. Bringing healthy snacks with you on the road can help stop those hunger pangs and overeating at your next meal. Fresh fruits and vegetables can be convenient

foods for busy people - carrots, celery sticks, and unsweetened fruit cups are available in small, carry-along packages. Other healthy snack choices include fat-free crackers, rice cakes, bagels, bran muffins, pretzels, and unsalted nuts.

Eating a quick healthy meal low in fat and cholesterol cuts down your risk of heart disease; so don't forget nutrition while you are on the run.

For more resources on eating out by the American Heart Association, visit www.deliciousdecisions.org/oa/index.html. ♦ Lydia Yang, MEDVAMC Dietetic Intern

Study Targeting Veterans with Memory Loss Seeks Volunteers

HOUSTON - Veterans age 60 or older who have been told that they have memory problems within the last year may be eligible to participate in a Michael E. DeBakey VA Medical Center (MEDVAMC) and Baylor College of Medicine research study.

This memory study is investigating the progression of memory loss over a two-year time period. Eligible participants must live in Houston or surrounding areas, but do not have to travel to the medical center. The study includes home visits with veterans and their caregivers every four months.

There is no cost to participate in the study. Participants may receive up to \$120 for completing the entire study.

MEDVAMC's Houston Center for Quality of Care and Utilization Studies (HCQCUS)'s primary focus is research, but it employs physician researchers who have medical backgrounds and medical degrees. HCQCUS is one of 11 VA Health Services Research and Development Centers of Excellence.

Established in 1990, HCQCUS systematically examines the impact of the organization, management, and financing of health care services on the delivery, quality, cost, utilization, and outcomes of care.

For more information on the memory study, contact Jennifer Khan at (713) 794-8624. ♦

Michael E. DeBakey Veterans Affairs Medical Center Presents a Special Parkinson's Disease Seminar:

"Sleep Concerns and Research Update in Parkinson's Disease"

WHEN: Friday, October 22, 2004, 11 a.m. - 12:45 p.m.

WHERE: Michael E. DeBakey VA Medical Center 4th Floor Auditorium
Free valet parking is available.

WHAT: The Houston Parkinson's Disease Research, Education & Clinical Center (PADRECC) presents this free educational program for veterans, family members, and friends. "Sleep Concerns in Parkinson's Disease" will be presented by Aliyah Sarwar, M.D. and "Research Update in Parkinson's Disease" will be presented by Eugene C. Lai, M.D., Ph.D., director of the MEDVAMC PADRECC.

CONTACT: If you need more information, please call Naomi Nelson, Ph.D. at (713) 794-8938.

INFO: The National Parkinson Foundation, Inc. estimates that up to 1.5 million Americans have Parkinson's disease and that approximately 50,000 new cases are diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients every year.

The VA took a major step toward improving patient care and pursuing a cure for Parkinson's disease by establishing six PADRECCs, one at the MEDVAMC. Each PADRECC conducts research covering biomedicine, rehabilitation, health services delivery, and clinical trials. Each is participating in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease.



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Doctors now examine digestive tract using new, advanced technology . . .

Camera Pill Allows VA Docs to Get an Inside Look At Patients

HOUSTON – The Michael E. DeBakey VA Medical Center (MEDVAMC) now offers new medical treatment technology for veterans suffering from a range of gastrointestinal disorders. The disposable, miniature video camera contained in a capsule is a new diagnostic tool allowing medical professionals at the MEDVAMC to view areas of the small intestine not reachable through an endoscope or seen by typical x-rays.

The camera pill is the size of a large vitamin tablet and is swallowed with water. As the camera makes its way through the digestive tract, color images are taken every two seconds, transmitting an average of 50,000 photographs to a wireless hard drive worn by the patient for approximately eight hours on a belt around his or her waist.

"This new camera in a pill is non-invasive, pain free and allows a veteran to continue his or her daily routine, go

to work, go to the store, as the pill does its job," said Waqar A. Qureshi, M.D., chief of endoscopy, MEDVAMC Digestive Disease Section.

The camera photographs the mouth, esophagus, stomach, small intestine, and usually stops taking pictures somewhere in the colon. The disposable camera then exits in a bowel movement. The information from the hard drive is downloaded into a special computer program and played back as a movie sequence for the physician.

The U.S. Food and Drug Administration approved the pill camera in 2001.

The camera helps doctors spot problems as small as abnormal blood vessels, which can indicate internal bleeding or small ulcers. This new technology is extremely effective in diagnosing digestive diseases such as Crohn's disease, tumors of the small intestine, and blood loss of



Photo by Fran Burke, MEDVAMC Public Affairs Specialist

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undetermined origin.

This procedure is not for everyone. Specific indicators are looked at thoroughly by the physician to determine if the camera pill is the best means of diagnosing a condition. The camera pill does not replace colonoscopies or endoscopes because it cannot take tissue samples.

"Methods of diagnosing digestive problems have come a long way in just the past few decades and veterans at the Michael E. DeBakey VA Medical Center have in the past, and continue to benefit from these scientific advances in medicine," said Qureshi. ♦ Fran Burke, Public Affairs Specialist

Veterans in this MEDVAMC study are encouraged to increase their exercise by gradually pushing up the minutes they walk or cycle per week . . .

Veterans Find 'Reminder' Exercise Program Improves Their Quality of Life

HOUSTON - Thirty veterans at the Michael E. DeBakey VA Medical Center have joined a new research study with

the goal of improving their health, their leg circulation, and perhaps the quality of their lives.



Photo by Billie D. Gomez, MEDVAMC Public Affairs Officer

Each participant has some difficulty with walking. Depending on the veteran, this might be the distance they can walk, how fast they can walk, or the number of flights of stairs they can climb. But when putting in the paces, they are quickly stopped by pain and cramping of the muscles in their calves, thighs, or buttock. Once they rest for a few minutes, they can move on.

"Just getting from the parking lot into the clinic took me about 10 minutes and two rest stops," said one veteran participant.

These symptoms are characteristic of a disease called Peripheral Arterial Disease (PAD). PAD is a common circulation problem in which the arteries that carry blood to the legs or arms become narrowed or clogged.

The most common cause of PAD is atherosclerosis, often called hardening of the arteries. Atherosclerosis is a gradual process in which cholesterol and scar tissue build up, forming a substance called "plaque" that clogs the blood vessels. In some cases, PAD may be caused by blood clots that lodge in the arteries and restrict blood flow.

PAD affects about one in 20 people over the age of 50 in the United States. More than half the people with PAD experience leg pain, numbness, or other symptoms, but many people dismiss these signs as "a normal part of aging" and don't seek medical help. Only about half of those with symptoms have been diagnosed with PAD and are seeing a doctor for treatment.

The most common symptom of PAD is painful cramping in the leg or hip, particularly when walking. This

symptom, also known as "claudication," occurs when there is not enough blood flowing to the leg muscles during exercise. The pain typically goes away when the muscles are given a rest. Other symptoms may include numbness, tingling or weakness in the leg. In severe cases, patients may experience a burning or aching pain in their foot or toes while resting, or develop a sore on their leg or foot that does not heal. People with PAD are at higher risk for heart disease and stroke.

Since several research studies have shown the benefits from exercise training in treating painful claudication symptoms, veterans in this new MEDVAMC study are encouraged to increase their exercise by gradually pushing up the minutes they walk or cycle per week.

Nurse researchers are investigating how motivational methods such as calling the veteran on a telephone and videophone encourage him or her to continue an exercise program. Findings from this study will give health care providers a better understanding of how to assist veterans in maintaining regular exercise as part of managing their PAD.

If you have similar symptoms but have not discussed them with your health care provider, let him or her know. Walking and exercising may be the right prescription for you.

While there are no spots open in this particular research study, veterans should talk with their health care provider for more information on a helpful exercise program. ♦ Pam Willson, PhD, RN, FNP-C, MEDVAMC Associate Chief of Nursing Research

Study participant and veteran Clyde Barrett (above) reports that he has been pedaling about 30 minutes everyday since May, now can walk a much longer distance before needing to rest. Jane Anderson, M.S.N., R.N., FNP-C (left) demonstrates how to increase the peddler's resistance while Pam Willson, PhD, R.N., FNP-C congratulates Barrett on the number of steps he has already walked today.

Facts You Should Know about Diabetes

HOUSTON - Diabetes is an illness that affects a large number of people. It occurs when you have too much glucose, or sugar, in your blood. Signs of early diabetes include increased thirst and urination, unexplained weight loss, blurred vision, numbness or tingling in the hands or feet, and/or poor wound healing.

Uncontrolled, diabetes over time can cause poor circulation, infections that can be hard to treat, nerve damage, blindness, kidney damage, and heart disease that can lead to death.

If you have diabetes in your family or suspect that you might have symptoms of diabetes, please talk with your VA health care provider about a Blood Glucose Test.

The Blood Glucose Test is a laboratory test that tells exactly how much glucose, or sugar, you have in your blood when it is drawn.

Normal Blood Glucose levels should be between 70 and 110. Another test used to measure the glucose level in the blood is a Glycosylated Hemoglobin Test (HgbA1C). This test is used to check how much glucose has been in your bloodstream over the past two months before the test is done, and is useful to check how well your diabetes has been controlled with treatment.

Diabetic patients are advised to use very good foot care. You, or someone you know, should check your feet every day for any sores or redness. You should report foot problems immediately to

your doctor, wear properly fitting shoes, and never go barefoot. Once a year, diabetic patients should also have their VA health care provider check their feet.

Diabetic eye exams should be done by an eye doctor every year and any time you notice your vision getting worse.

Medication such as pills and/or insulin may be needed to lower your blood glucose level, but the most important treatment for diabetes is a proper diet, adjusted to your body needs and activity level. Talk with your VA health care provider for advice. You may want to call or visit your clinic to speak with a registered dietitian for additional advice. ♦

Houston VA Treating Extreme Cases of Abnormally Swollen Veins with New, Minimally Invasive Alternative

HOUSTON - The Michael E. DeBakey VA Medical Center (MEDVAMC) is one of a few VA facilities in the United States, and the only one in Houston, treating extreme cases of abnormally swollen veins with an advanced surgical method that allows for faster recovery time and produces better results compared to more traditional procedures.

"This new procedure not only reduces the number of incisions required, but also reduces the pain associated with abnormally swollen vein removal. Because less incisions are used in this procedure, it also reduces the potential for post-operative infection. The procedure is generally performed in less than one hour," said Ruth Bush, M.D., a vascular surgeon at the MEDVAMC.

Abnormally swollen veins are enlarged, twisted, painful superficial veins resulting from poorly functioning valves. In normal veins, valves in the vein keep blood moving forward toward the heart. With abnormally swollen veins, the valves do not function properly, allowing blood to remain in the vein. When the blood remains in the vein, the vein enlarges.

The most common causes of abnormally swollen veins are defective valves, pregnancy, and thrombophlebitis. Thrombophlebitis occurs when a blood clot forms in a vein and the vein becomes inflamed. Prolonged standing and increased pressure may increase the risk of developing abnormally swollen veins or worsen the veins if they are already swollen.

Another cause is trauma to the vessels brought about by impact-type accidents or vigorous exercise-type situations. One dramatic example is seen in paratroopers, who make repeated landings with such force that they risk breaking a leg, not to mention vessels and valves. The repetition of the impact and trauma leads to the breakdown of the valves.

Some of the symptoms of abnormally swollen veins include pain in the legs, a feeling of heaviness or aching, bulging veins, swelling of ankles, veins that have a rope-like appearance, skin at the ankle discolored, and skin

ulcers near the ankle.

"Abnormally swollen veins create an unpleasant feeling; a burning or tingling or dull pain after you've been standing for several hours. If the area is left untreated, a condition called induration with hyperpigmentation sets in. In other words, the skin becomes harder and turns darker around the abnormally swollen veins. Then, swelling of the calf or thigh occurs. And then, perhaps a year or two down the road, the patient may end up with an ulcer," said Peter Lin, M.D., chief of Vascular Surgery at the MEDVAMC.

Veteran Heather Roehe had to change jobs because she could not stand for long periods of time. As for her extreme case of abnormally swollen veins, she told Dr. Lin before surgery she hoped for, "No more stinging, no more pain, and no more swelling."

Traditional techniques for abnormally swollen veins include tying off of a vein, stripping, and hooking. Stripping involves inserting a length of wire along the vein and then pulling it out, removing most of the vein with it. Hooking involves making multiple skin incisions, little cuts near each vein, through which surgeons grasp the vein with a hook and pull it out, cut out the abnormally swollen segment, and then tie the remaining vein at both ends.

These methods are usually difficult to perform, require multiple incisions, and involve a painful and lengthy recovery. Because many incisions are needed to manually pull out these abnormally swollen veins, the traditional surgery can result in varying degree of blood loss as well as significant scar formation. Another disadvantage of the traditional vein operation is that surgeons may not be able to fully visualize the extent of abnormally swollen veins located underneath the skin. As a result, many small incisions are needed to manually remove these clusters of abnormally swollen veins.

The new, minimally invasive procedure being performed by MEDVAMC vascular surgeons allows patients to be virtually pain free within several days. This technique uses a unique illumination feature, much like a flashlight placed under the skin, that



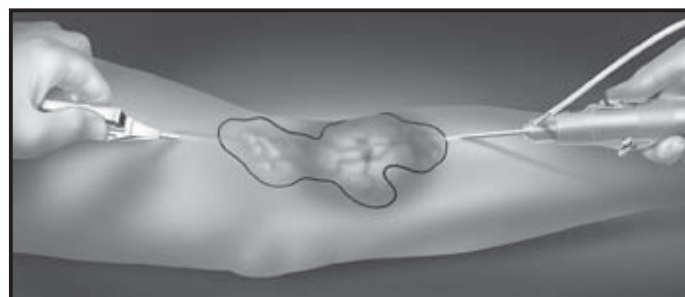
Abnormally swollen veins are enlarged, twisted, painful superficial veins resulting from poorly functioning valves. In normal veins, valves in the vein keep blood moving forward toward the heart. With abnormally swollen veins, the valves do not function properly, allowing blood to remain in the vein. When the blood remains in the vein, the vein enlarges. Above are photographs of a patient before surgery (left) and six weeks after surgery (right).

lights the area beneath the skin so the vein is clearly visible. Then, a tiny incision is made to admit a probe tipped with a high-speed turbine and vacuum device. This allows the surgeon to quickly and accurately target and remove the vein and then visually confirm its complete extraction.

"This procedure significantly changes our patients' lives. Many have had to quit jobs, give up lifestyles, and dramatically change their lives because of the pain they suffer with abnormally swollen veins. This

procedure is just another example of how veterans at the Michael E. DeBakey VA Medical Center continue to benefit from scientific advances in medicine," said Lin.

The new technology certainly has worked for Roehe. Today, she is pain-free and has returned to nursing school to get her nursing degree. "I am so pleased with this procedure. My legs now look wonderful and I can't even see the scar. I am now back to nursing school fulltime and I don't have any more pain or problems with my legs." ♦



The technique being used by MEDVAMC surgeons uses a unique illumination feature lighting the area beneath the skin so the vein is clearly visible. Then, another four-millimeter incision is made to admit a probe tipped with a high-speed turbine and vacuum device. This allows the surgeon to quickly and accurately target and remove the vein and then visually confirm its removal.

Questions From our Veterans

Provided by the Consumer Affairs Staff
MEDVAMC Room 1B-370, (713) 794-7883

Question: I am an inpatient at the VA and I called the Pharmacy Refill Line. The recording told me I was not qualified. What does this mean and what should I do?

Answer: At the time you called, you were not eligible to receive refill medications because you were an inpatient in the hospital. This is done so you do not inadvertently take duplicate medication or take a prescription medication that was discontinued or changed by your provider. Before your discharge, your health care provider will review your medications and provide you with a list of current medications to take. If you have questions, please talk with your health care provider.

Question: I was recently active duty and in a Combat Theater. Can I get medical care at the VA?

Answer: Care at VA facilities is available to veterans who served on active duty in a theater of combat operations in a period of war, after the Gulf War or in combat against a hostile force during "a period of hostilities" after No-

vember 11, 1998, in accordance with the guidelines issued by the Under Secretary for Health.

It provides needed medical care for two years to veterans who served in a combat theater without requiring them to make a copayment for the care they receive, even without proof that their injury or illness was caused or aggravated by their military service.

VA appreciates that many wounds are not always obvious and that unexplained or difficult to diagnose illnesses are often associated with military conflict. This benefit covers all illnesses and injuries except those clearly unrelated to military service, such as a common cold, injuries from accidents after discharge or disorders that existed before joining the military.

The two-year time period begins when the military member is discharged or retired from active duty.

The policy also applies to National Guard and Reserve personnel who were activated and served in a theater of combat or in combat against a hostile force. Members of the Guard and

Reserve forces must be ordered to active duty by a federal declaration, serve the full period for which they were called or ordered to active duty, and be released, discharged or retired under conditions other than dishonorable.

Question: How do I get more news and information about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an email to bobbi.gruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the "In the News" symbol

Question: What is an Advance Directive?

Answer: An Advance Directive is a document you create to control health care decisions if you become mentally or physically unable to make these decisions yourself. Directives to Physicians (known in other states as a "Living Will") let you specify what treatments you would want or not want if there is a terminal or irreversible illness. The Durable Power of Attorney for Health Care lets you appoint someone to make decisions about medical care for you, should you become unable to make them yourself. Contact your health care provider, nurse, or social worker if you are interested in finding out more.

Question: Is the valet parking at the VA free?

Answer: Free valet parking is available at the MEDVAMC main entrance for veterans. This service operates Monday through Friday, 7 a.m. to 5:30 p.m., except for federal holidays. A "No Tipping" policy is strictly enforced. This service is extremely valuable for elderly, wheelchair or scooter-bound, and heat-sensitive veterans.

VA Nursing Program Receives National Award

(continued from page 1)

Independent studies of Magnet hospitals have shown that patients average a shorter length of stay and higher rate of satisfaction, nurses are more satisfied with their work and the care they provide, and hospitals have an increased rate of retention among nurses. Indeed, the registered nurse (RN) vacancy rate at the MEDVAMC has held steady at 1.7 percent. This number is remarkable when compared to the results of the 2002 American Health Care Association Nursing Position Vacancy and Turnover Survey, which found nationwide, the vacancy rates among staff RNs averaged 15 percent.

To receive the ANCC Magnet designation, a team of professionals appraises a hospital's nursing services, clinical outcomes, and patient care. Research data and extensive interviews are used to evaluate the nursing practice and how practices impact the patient, family, community, and nursing services. ♦

Important VA Telephone Numbers

| | |
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| Michael E. DeBakey VA Medical Center Main Line | (713) 791-1414 |
| or toll-free | 1-800-553-2278 |
| VA Network Telecare Center | (713) 794-8985 |
| or toll-free | 1-800-639-5137 |
| Beaumont VA Outpatient Clinic | (409) 981-8550 |
| or toll-free | 1-800-833-7734 |
| Lufkin VA Outpatient Clinic | (936) 637-1342 |
| or toll-free | 1-800-209-3120 |
| Pharmacy Refills | (713) 794-7648 |
| or toll-free | 1-800-454-1062 |
| Pharmacy Helpline | (713) 794-7653 |
| Appointment Information | (713) 794-7648 |
| or toll-free | 1-800-454-1062 |
| VA Eligibility & Enrollment | (713) 794-7288 |
| Patient Education Resource Center (PERC) | (713) 794-7856 |
| VA Police | (713) 794-7106 |

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| Vet Center (Post Oak Road) | (713) 682-2288 |
| Vet Center (Westheimer) | (713) 523-0884 |

Patient Representatives

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|----------------|----------------|
| Houston | (713) 794-7884 |
| Beaumont | 1-800-833-7734 |
| extension | 113 |
| Lufkin | (936) 633-2753 |

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| Houston National Cemetery | (281) 447-8686 |
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VA Regional Office

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|------------------------------|----------------|
| Main Number | 1-800-827-1000 |
| Compensation/Pension | 1-800-827-1000 |
| Home Loans | 1-888-232-2571 |
| Education | 1-888-442-4551 |
| Insurance | 1-800-669-8477 |
| Headstones and Markers | 1-800-697-6947 |



Michael E. DeBakey VA Medical Center's

POW/MIA Day Ceremony

Honoring Our Nation's
Former Prisoners of War
And Those Missing In Action

September 14, 2004 – 10 a.m., MEDVAMC Gymnasium
Special Drill Team Demonstration by Milby High School JROTC

Keynote Speaker: Claude D. Clower, Commander U.S. Navy (Ret.), Former Prisoner of War, Vietnam

In his 20 years in the United States Navy, Doug Clower flew mostly F4 Phantoms and F8 Crusaders, and accumulated about 900 carrier landings including 200 night landings. On November 19, 1967, he was shot down near Haiphong, North Vietnam and spent five and a half years as a prisoner of war. Clower spent time in Son Tay and the Hanoi Hilton, and was senior ranking officer for five of those years. During his military career, Clower received 34 medals including two Silver Stars, the Legion of Merit, the Distinguished Flying Cross, five Bronze Stars, and the Purple Heart.

For more information about the POW/MIA Day Ceremony, call the MEDVAMC Public Affairs at (713) 794-7349.